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AUG. 24. 2004 10:16AM

CATALYST LAW GROUP 858 450 9834

NO. 1025 P. 1

**FACSIMILE TRANSMITTAL SHEET**

**DATE:** August 23, 2004  
**TO:** POA DIVISION  
**FROM:** Shar Dirkovich, Legal Assistant to  
Catalyst Law Group, APC  
**RE:** Revocation of Power of Attorney with New Power of Attorney and  
Change of Correspondence Address  
**FAX NO:** (703) 305-3230

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No. Pages Including Fax Cover Sheet:

**COMMENTS:** Please see the attached for filing with Application Number  
10/717,500

**CERTIFICATE OF TRANSMISSION**

(37 C.F.R. § 1.8A)

I hereby certify that this paper (along with anything referred to as being attached or enclosed) is being transmitted via facsimile to Fax No. (703) 305-3230, POA Division, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

August 23, 2004

Shar Dirkovich

Signature of person signing

**PLEASE CONTACT THIS OFFICE IMMEDIATELY IF THIS TRANSMISSION IS INCOMPLETE OR UNCLEAR AT (858) 450-0099.**

THE INFORMATION CONTAINED IN THIS FAX MESSAGE IS INTENDED ONLY FOR THE PERSONAL AND CONFIDENTIAL USE OF THE DESIGNATED RECIPIENTS NAMED ABOVE. THIS MESSAGE MAY BE AN ATTORNEY-CLIENT COMMUNICATION, AND AS SUCH IS PRIVILEGED AND CONFIDENTIAL. IF YOU HAVE RECEIVED THIS INFORMATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE. THANK YOU.



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CATALYST LAW GROUP 858 450 9834

NO. 1025 P. 2

<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/717,500
	Filing Date	November 22, 2003
	First Named Inventor	Joe Chappell
	Art Unit	
	Examiner Name	
	Attorney Docket Number	50229-419

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 32301

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 32301

OR

<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City		State		Zip
Country				
Telephone		Fax		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name	Donald G. Keach, Director		
Signature	<i>Donald G. Keach</i>		
Date	August 22, 2004	Telephone	(859) 257-2300

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.